

Indemnifying AffidavitIdaho Transportation Department
Vehicle Services

Vehicle/Hull Identification Number (1st)	Year	Make	Model
Vehicle/Vessel Purchased From			
Address			
City	State	Zip	Date Purchased

I, the undersigned, certify under penalty of law (*Section 49-518, Idaho Code*) that the above-described vehicle/vessel is **free from all liens and encumbrances**, except as set forth in my application for Idaho Certificate of Title. I further state that if no certificate of title is being submitted, I am unable to do so because

If the vehicle described above was imported from Canada I certify that the vehicle is now in Idaho. **If the vehicle was commercially imported**, I certify that all U.S. DOT, EPA, and Customs Service requirements have been or will have been satisfied within the required timeframe. **If the vehicle was imported for personal use**, I certify that I am aware that I may be assessed a civil penalty up to \$5,000 and/or the vehicle may be seized by the U.S. Customs Service if the vehicle has not met U.S. Customs Service entry requirements prior to the registration and/or titling of this vehicle. I accept full responsibility for complying with all U.S. DOT, EPA, and Customs Service requirements.

If the above described property is a vessel and no title or Manufacturer's Statement of Origin (MSO) or Manufacturer's Certificate of Origin (MCO) is being submitted, I certify that no MSO or MCO exists and that the vessel has never been titled.

Other Pertinent Facts:

This affidavit is attached to and made a part of my application for Idaho Certificate of Title to the above-described vehicle/vessel and I do hereby agree to warrant and defend said Title and to save harmless and defend regardless of outcome the Idaho Transportation Department from the expenses of and against all suits, actions, claims, losses, or assertion of claims including costs, expenses and attorney fees to which the department may be subjected on account of any defect in my Title to the vehicle/vessel in question.

Printed Company's or Individual's Name	Representative's or Individual's Signature		
Address	City	State	Zip
Daytime Phone Number	Date		